



AMERICA'S CAR MUSEUM®

VOLUNTEER APPLICATION

Volunteer Information

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone Number: _____

Cell Number _____

Email Address: _____

Education: _____

Previous Volunteer Experience _____

Circle One: Shirt Size: Men: XS / S / M / L / XL / 2XL / 3XL Ladies: S / M / L / XL

References

Name: _____ Relation: _____

Contact: _____ How long have you know this person? _____

Name: _____ Relation: _____

Contact: _____ How long have you know this person? _____

Emergency Contact

Name: _____ Relation: _____ Phone: _____

Are You a Member of the LeMay –AMERICA'S CAR MUSEUM? ____ Yes ____ No

How did you hear about the volunteer program? ____ Museum Event ____ Website ____ Newsletter ____ Member ____ Other

I am interested in the following Volunteer Activities

- | | |
|--|---|
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Collection Monitor | <input type="checkbox"/> Office /Administrative Assistant |
| <input type="checkbox"/> Pit Crew | <input type="checkbox"/> Photo Booth Attendant |
| <input type="checkbox"/> Events Specialist | <input type="checkbox"/> Museum Educator for K-12 |
| <input type="checkbox"/> Vehicle Cleaning and Upkeep (Collection Management) | Other: |
| | <input type="checkbox"/> _____ |

Please list any other skills or experience that might be relevant or that you would like to develop while volunteering with LeMay- AMERICA'S CAR MUSEUM:

Are you a car collector? If so, do you belong to any affiliate organizations, auctions or clubs?

Availability: (Please check days that you are generally available to volunteer)

Monday	Tuesday	Wed	Thurs	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Do you have any physical limitations that may affect your ability to perform job functions? (standing, walking, hearing, vision, etc.)

Are you currently taking any medication that would impact your ability to drive or work on/around vehicles or equipment? _____Yes _____No If yes, please indicated specific medical emergency instructions.

Have you ever been convicted of a crime, including any crimes against children or other vulnerable populations? YES NO
If yes, please explain

Volunteer Release

Liability Disclaimer: I hereby release indemnity, and hold harmless LeMay – AMERICA'S CAR MUSEUM, the organizers, the agency at which I volunteer, including sponsors and supervisors of all activities, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteer activities from the date acknowledged below until terminated by LeMay- AMERICA'S CAR MUSEUM. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating in any event or program, including but not limited to, illness, traveling to and from event and/or program, and the effects of the weather, all such risks being understood and appreciated by me.

I certify that I am in good health and able to participate in the event and/or program activities I have volunteered for. I certify that I am over eighteen years of age and competent to enter in to this release. If I am not eighteen years of ago, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof. *Please note that volunteering will require a criminal background check.

Communication Release: I hereby assign the rights to any video and/or photographic recording (s) made of me while volunteering for an event or program of LeMay – AMERICA'S CAR MUSEUM or its agencies and collaborators. I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recordings for purposes deemed suitable by LeMay – AMERICA'S CAR MUSEUM. I hereby waive any right to approve the finished products. I certify that I am over eighteen years of age and am competent to enter into this release. If I am not eighteen years of ago, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Print Full Name: _____ Date: _____

Please Print (First, Middle Initial, Last)

Signature: _____ Date: _____
(Volunteer)

Signature: _____ Date: _____
(Parent or Guardian if volunteer is under age 18)

**THE COMPLETED AND SIGNED APPLICATION DOCUMENT SHOULD BE RETURNED TO
LeMAY- AMERICA'S CAR MUSEUM, 2702 EAST D ST, TACOMA, WA 98421 WITH A PHOTOCOPY OF
YOUR DRIVER'S LICENSE.**



AMERICA'S CAR MUSEUM

Volunteer Background Authorization Form

Dear Volunteer Candidate:

We appreciate your interest in serving as a volunteer with **LEMAY-AMERICA'S CAR MUSEUM (ACM)**.

Volunteers are an important part of the museum's infrastructure and are vital to the success of the Museum. We treasure your willingness to share your talents and time to advance the mission and vision of the Museum. As a volunteer at ACM, you will have the opportunity to interact with a variety of individuals ranging from employees and fellow volunteers, to guests, including vulnerable populations, e.g., the elderly, mentally disabled, physically disabled, underage youth, etc.

In order to exercise due diligence in providing a safe environment for all and to foster a relaxed and fun atmosphere, ACM performs a standardized background check on all volunteers and employees. The safety of all individuals is paramount to ACM's operations and we appreciate your willingness to support these efforts by participating in the background clearance process necessary to become a regular volunteer or a short-term volunteer.

Because the background checks are regulated by the Fair Credit Reporting Act, ACM is obligated to include the following legal language:

This document serves as an authorization and disclosure form to allow ACM to exercise due diligence in fostering a safe and fun environment through the completion of a standardized background check in consideration of your expressed desire to perform volunteer services for ACM. The standardized check includes a Washington State and National criminal history check, a National Sex Offender Registry check, and personal reference checks. Convictions will not necessarily disqualify an individual as each conviction will be assessed individually, relevant to volunteer services within ACM.

If you so desire, you may submit a written request to ACM to obtain a copy of the consumer reports, an accurate disclosure of the nature and scope of the reports requested, and a written summary of your rights under the Fair Credit Reporting Act. Please note that ACM has provided a summary of your rights under the Fair Credit Reporting Act with this document.

Statement of Acknowledgement and Authorization

I _____ authorize individual references and reporting agencies to supply **LEMAY- AMERICA'S**

NEATLY PRINT NAME ABOVE

CAR MUSEUM and/or its representative with information concerning my background, personal character, general reputation, and/or personal characteristics. In addition, I authorize **LEMAY-AMERICA'S CAR MUSEUM** to conduct the background check as described within this form and agree to release **LEMAY-AMERICA'S CAR MUSEUM**, its partners, and representatives from all claims, liabilities, and damages (including court costs and attorney's fees) arising from the result of the authorized background checks. I also agree that this authorization shall remain in effect while I am considered an active volunteer and serve as authorization for the **LEMAY-AMERICA'S CAR MUSEUM** to update its background records in compliance with its needs to perform due diligence in providing a safe and fun environment for all.

Signature of Authorization

Date

The following information is necessary for ACM to complete the background check process. We appreciate your willingness to complete this form in partnership with Museum's mission and vision.

Current Legal Name: _____
FIRST MIDDLE LAST

Previous Legal Name: _____
FIRST MIDDLE LAST

Other Names: _____
FIRST MIDDLE LAST

List Your Current Address: _____

County of Current Address: _____

Years lived at current address: _____ Years and _____ Months

DRIVER LICENSE NUMBER STATE DATE OF BIRTH SOCIAL SECURITY NUMBER

CURRENT PHONE NUMBER EMAIL ADDRESS

NOTE: Excluding current address, list all addresses you have lived for the past 7-years:

ADDRESS CITY STATE ZIPCODE YEARS & MONTHS FROM: TO:

ADDRESS CITY STATE ZIPCODE YEARS & MONTHS FROM: TO:

ADDRESS CITY STATE ZIPCODE YEARS & MONTHS FROM: TO:

By my signature below, I signify receipt of the foregoing disclosure and my authorization to conduct a background check as disclosed within this disclosure and authorization form. Also by signing this form, I am stating that all information that I have provided within this form is accurate and truthful. Furthermore, I understand that providing false or misleading information may lead to termination of employment or volunteer service with LeMay – America's Car Museum.

Printed Name of Applicant _____
Date

Signature of Authorization _____
Date

The following is provided for your reference in compliance with the Fair Credit Reporting Act. Please note that ACM does not check credit reports or credit history.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate. seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture